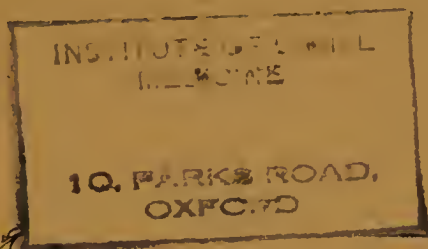


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CITY OF



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ANNUAL REPORT

UPON THE

School Health Service

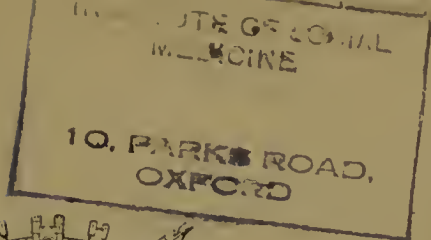
FOR THE YEAR 1948

BY

JAMES L. RENNIE

M.D., F.R.F.P.S. (Glas.), D.P.H.

SCHOOL MEDICAL OFFICER



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*To the Chairman and Members
of the Education Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the work of the School Health Service for 1948, a year which showed great changes in all the social services of the country and in which the School Health Service was naturally involved.

The medical inspection of school children which is one of the principal activities of the School Health Service was instituted in 1908, and it is not inappropriate that we should take a brief look back over the forty years during which it has been in operation. Reference to the School Medical Officer's reports of thirty to forty years ago show how great was the need for such a service at that time, and how all the efforts of the staff at his disposal had to be concentrated on measures to prevent gross physical disease, and to impress on parents and children the need for personal cleanliness.

Due to the efforts of the early workers in the School Health Service and to the general enlightenment of the people, great strides have been made since these early days, and the parents of to-day, with few exceptions, recognise the need for personal hygiene, good food, recreation, etc., for their children, although the need for adequate rest and sleep is not yet fully appreciated by all.

With regard to cleanliness, in 1918 out of 2,785 scholars examined 195 were found to be verminous, whereas in 1948 as a result of 22,621 examinations 176 advice notices were issued, but only sixty-four of these children required to be excluded from school.

Regarding infectious disease, in 1918 there were forty-one cases of Tuberculosis notified among school

children compared with eighteen in 1948. In the early years of the School Health Service Diphtheria ranked high among the causes of death of children, whereas today it is comparatively low. There was one death this year from Diphtheria in a child who had not been immunised and this is the first death of a school child in the City from Diphtheria since 1944.

The appreciation by parents of the value of Immunisation against Diphtheria has undoubtedly played a great part in controlling this very dangerous disease, but it must be pointed out that although the percentage of school children immunised in the City is now 86.6, there is still room for improvement and parents are well advised to ensure that their children receive reinforcing or boosting doses at appropriate intervals. This can be carried out by the patient's own medical practitioner or at the School Clinic in accordance with the scheme which the Council approved for Immunisation and Vaccination under the National Health Service Act, 1946.

The improvement in the state of health of school children and the reduction in the incidence of disease has been brought about by a combination of factors, including better social conditions. The School Health Service has, however, contributed greatly to this improvement.

During the year 1948 certain advances were made in the School Health Service, one of these was the establishment of a Speech Therapy Clinic. Unfortunately it was impossible to get a full-time Speech Therapist, but considerable, if limited progress, has been made with the services of a part-time Officer.

The appointment of an Educational Psychologist has enabled a larger number of educationally retarded and maladjusted children to be dealt with, and the service carried out by this Officer in the schools has

brought to light additional children requiring ascertainment. The Educational Psychologist cannot, however, certify children and when she has found those requiring ascertainment, the certification has to be carried out by members of the School Medical Staff and this has resulted in an increase in the number of children examined by them.

A Child Guidance session was held once a week when a Psychiatrist and Psychiatric Social worker were in attendance.

With the coming into operation of the National Health Service Act it was open for the Local Authority, in accordance with Ministry of Education Circular '179, to obtain the services of Specialists from the Regional Hospital Board or to continue employing them directly. A meeting between representatives of the Special Area Committee of the Newcastle Regional Hospital Board and the Education Committee took place on the 23rd November, 1948, and as a result of this meeting it was agreed that the Regional Hospital Board would employ the Specialists, but that the Clinics for the present would continue to be held in the Local Authority's premises and that the nursing and clerical staff would be provided by the Local Authority. This arrangement worked smoothly from the appointed day until the end of the year. The alteration in the administrative structure of the Specialist Clinics will undoubtedly remove much of the control which it was possible for the Local Authority to exercise. It is trusted, however, that the Regional Hospital Board will take into consideration the needs of school children when appointing Specialists for these Services.

The Ministry of Education has requested that School Medical Officers should include a reference to any modifications consequent on the coming into operation of the National Health Service Act, 1946, and a

note on this subject has been included in appropriate sections of the Report, but I should like to stress at the present moment the intimate connection between the School Health Service and the education of the child. It is of the utmost importance that those responsible for the School Health Service should have an intimate knowledge of the educational requirements and capabilities of children and should work in the closest possible liaison with the school teachers.

There is a tendency at present for the nationalised service to absorb sections of the School Health Service, for example—'The Specialists' Clinics may all eventually become centred at Hospitals. This will, I am sure, be unfortunate as the Specialists conducting these Clinics will thereby become more remote from the School Health Service. There is also the risk of the children regarding themselves as being ill instead of merely overcoming their particular handicap, and it is doubtful whether at a large busy Hospital centre it will be possible to give the children that degree of individual attention which is so necessary in the estimation of the amount and type of education for which a particular child is fitted.

The School Dental Service in the City was fortunately able to be maintained during the year under review, and in this Carlisle fared much more favourably than some other Education Authorities. It is felt, however, that if either of the Dental Surgeons should leave it will be practically impossible to get a replacement in view of the demands which private practice now makes on the available Dental Surgeons and the much more advantageous terms of service being offered in private practice.

The difficulty in obtaining suitably qualified people for the combined duties of Health Visitor and School Nurse has necessitated a more or less partial severance of the School Nursing from the Health Visiting Service,

and at the moment temporary nursing staff, without a Health Visitor's certificate, has been employed to a considerable extent in the School Health Service. We have been fortunate in getting satisfactory staff and the efficiency of the Service has been maintained.

In conclusion, I should like to express my thanks to the members of the Education Committee for their support and to all members of the staff of this Department—medical, dental, nursing, clerical and other—for their unfailing loyalty and industry. I also wish to give my thanks to the Education Department, Head Teachers, and their staffs for their valued contribution to the success of the School Health Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

School Medical Officer.

June, 1949.

STATISTICAL SUMMARY.

School Accommodation	...	...	...	11,693
Average No. on Rolls	...	...	...	8,216
Average Attendance	...	...	...	7.427
No. of " Routine " Inspections	...	...	...	3,705
No. of Children (" Routine " Inspections) referred for Treatment	...	...	...	354
No. of Children (" Routine " Inspections) re- ferred for Observation	...	...	...	1,047
No. of " Special " Inspections	...	...	...	3,994
No. of Re-Inspections	...	...	...	6,101
Total No. of Inspections	...	...	...	13,800
No. of Parents interviewed at " Routine "				
Medical Inspections and Percentage (74%)				2,757
No. of Visits to Schools by Assistant School Medical Officers	...	...	...	238
No. of Visits to Schools by Nurses	...	...	...	536
No. of Visits to Homes by Nurses	...	...	...	1,275
No. of Cases treated at the Clinic	...	...	...	2,075
No. of Attendances at Clinic for Treatment	...	...	...	14,866
No. of Children examined by School Dentist	...	...	...	4,993
No. of Children treated by School Dentist	...	...	...	2,686

MEDICAL INSPECTIONS.

The Periodic medical inspection is one of the most important activities in the School Health Service. By regulation, each child should have three Periodic inspections during a school life from 5—15 years.

The first is the Entrant inspection during its first year of school life; the second is carried out during its final year at the Primary School so that any defects may be remedied before the child enters the Secondary School, and the third is held during the final year of the child's school life, so that any defects may be remedied before he leaves school. In accordance with the Ministry's recommendations the medical inspection at the age of 8 years has been retained as an Other Periodic inspection, and all children are thus examined at roughly three-year intervals.

The above arrangement which is laid down in the Handicapped Pupils and School Health Service Regulations, 1945 (Para. 49 (2)), replaced the former scheme of three Routine Medical Inspections.

The number of Periodic medical inspections was 83 more than in 1947. There were increases of 59 and 122 in the Second and Third Age Groups, while decreases of 95 and 3 were recorded in the Entrant and Other Periodic groups respectively.

The number of Special inspections shows an increase of 540, while the number of Re-inspections also shows an increase of 550.

The number of parents present at the Periodic medical inspection was 2,757, an increase of 235 as compared with the figure for 1947. At the inspection of Entrants, 91.7 per cent. of parents were present; at the Second Age Group inspection, 76.6 per cent.; at the Third Age Group inspection, 49.7 per cent.; at the Other Periodic inspection, 75.8 per cent.; or an average of 74.4 per cent.

The number of parents accompanying the children at Special inspections was 1,174, or 59 more than in 1947, being 29.4 per cent. of the total number of Special inspections.

TABLE A.
FINDINGS OF MEDICAL INSPECTION

Defect or Disease.	Periodic Inspections.		Special Inspections.	
	No. of Defects		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin	46	60	427	...
Eye	145	551	412	106
Ear	37	18	184	44
Nose and Throat	119	300	355	121
Cervical Glands	24	142	12	105
Speech	2	33	256	4
Heart and Circulation ... ..	...	102	3	6
Lungs	6	121	55	9
Nervous System ... ..	...	16	9	6
Orthopaedic Defects	29	111	58	11
Others Defects and Diseases (excluding Defects of Nutrition, Dental Diseases, and Uncleanliness)	20	147	1215	7
Total	428	1601	2986	419

TABLE B.
EXCLUSIONS BY ASSISTANT MEDICAL OFFICERS AT SCHOOL AND CLINIC.

During the year the Medical Staff excluded from school 469 children for conditions other than those associated with vermin. Details of these exclusions are given below:—

Ringworm	30
External Eye Diseases	5
Pulmonary Tuberculosis	9
Other Forms of Tuberculosis and suspected Pulmonary Tuberculosis	5
Other Respiratory Diseases	3
Heart and Circulation	1
Infectious Diseases	12
Ear, Nose and Throat Defects	361
Miscellaneous	43
Total	469

UNCLEANLINESS.

During the year the parents of 176 individual children found to be in a verminous and/or dirty condition received advice notices from this Department regarding the remedying of these defects. Of these, 64 cases were found to be of such a degree as to necessitate temporary exclusion from school, while 93 cases were allowed to continue at school under the supervision of the School Nurses. In both types of case, attendance at the School Clinic for final examination was insisted upon.

In a further 19 instances the parents were requested to cleanse the dirty or fleabitten body and/or clothing of the children.

The following summary gives details of the exclusions:—

51 were excluded on one occasion,
9 on two occasions, and
4 on three or more occasions.

The total number of examinations of children for verminous conditions and uncleanliness in the schools by the School Nurses was 22,621

INFECTIOUS DISEASES.

During the year the number of cases of Infectious Diseases notified by medical practitioners occurring among school children was as follows:—

Scarlet Fever	...	...	...	...	105
Diphtheria	...	...	...	...	1
Measles	...	...	...	...	206
Whooping Cough	...	...	...	...	25
Pneumonia	...	...	...	...	2
					<hr/>
					339
					<hr/>

In addition, notices from Head Teachers regarding certain infectious, but non-notifiable diseases were received as follows:—

Mumps	...	...	...	...	30
Chickenpox	...	...	...	...	202
					<hr/>
					232
					<hr/>

One school child, aged 12 years, died from Diphtheria during the year. He had not previously been immunised. He was admitted to Hospital on the second day of illness suffering from a very severe toxic form of Diphtheria. In spite of treatment with massive doses of Antitoxin and Penicillin he died from Cardiac Paralysis on the eighth day of disease. None of the other members of the family had been immunised and fortunately none developed the disease.

The object lesson of this tragic occurrence acted as a strong stimulus to the few parents in the neighbourhood who had previously withheld their consent to their children being immunised, and permission was quickly obtained from the parents of the case in question to the remainder of their family receiving a protective course of inoculations.

IMMUNISATION AGAINST DIPHTHERIA.

During the year 101 school children received the full course of inoculations. Compared with the total number of children on the school register, this figure is, of course, a very small percentage. As explained in previous Reports this is largely due to the increased percentage of children reaching school age who have already been immunised under the Maternity and Child Welfare Scheme.

So long as this Scheme continues to function satisfactorily, children will continue to reach school age already protected from Diphtheria by immunisation.

As recommended by the Ministry of Health, the scheme for re-immunising school children was continued as in the previous years. During the year 935 children received the re-immunising dose to maintain the immunity already conferred by their previous course of inoculations.

At the end of the year the percentage rate of immunised children attending maintained schools was 86.6, compared with 81.4 in the previous year.

Table C gives the figures relating to diphtheria immunisation which are supplied to the Ministry of Health.

Age at 31/12/48 i.e., Born in Year	...	...	Under 1 1948	1 1947	2 1946	3 1945	4 1944	5 to 9 1939-1943	10 to 14 1934-1938	Total under 15
Number Immunised	...	...	52	893	817	683	753	3961	3750	10919
Estimated mid-year population, 1948	...	...	5247							
			8901							
			14148							

II. Diphtheria Notifications and Deaths in Relation to Immunisation.

NOTE.—Notifications are shown on basis of corrected notifications.
Deaths are those finally registered in the Authority's area after allowing for inward and outward transfers.

NOTIFICATIONS			DEATHS		
Age at date of Notification	Number of Cases Notified	Number of cases included in preceding column in which the child had completed a full course of immunisation	Age at date of Death	Number of Deaths	Number of cases included in preceding column in which the child had completed a full course of immunisation
Under 1 ...	—	—	Under 1 ...	—	—
1 ...	—	—	1 ...	—	—
2 ...	—	—	2 ...	—	—
3 ...	—	—	3 ...	—	—
4 ...	—	—	4 ...	—	—
5 to 9 ...	—	—	5 to 9 ...	—	—
10 to 14 ...	1	—	10 to 14 ...	1	—
Totals ...	1	—	Totals ...	1	—

MEDICAL TREATMENT.

MINOR AILMENTS.

The number of cases treated for minor ailments (excluding scabies) at the School Clinic during the year was 2,020.

The results of treatment obtained were as follows:—

Cured	...	...	...	...	1,965
Improved	...	...	...	...	3
Ceased attending or failed to complete their course of treatment	...	...	...	...	52

14,866 attendances were made by children to the School Clinic.

In addition, 55 cases of scabies attended for advice and treatment; all were treated by the School Nurses. The decrease noted in the previous year continues.

During the year there was a small epidemic of ringworm of the scalp amongst school children, chiefly boys. A total of 28 cases were diagnosed as suffering from this complaint. Routine treatment was undertaken at the School Clinic and 18 cases were referred for Specialist treatment at the Royal Infirmary, Edinburgh. 11 cases received X-ray Therapy and 7 were treated with Thallium Acetate.

At the end of December I had a communication from the Edinburgh Royal Infirmary, to the effect that it would not be possible to continue these facilities for Carlisle children. Negotiations are being made with the Regional Hospital Board, Newcastle-upon-Tyne, regarding the treatment of outstanding and new cases.

Local treatment was continued at the School Clinic by the Nursing Staff under the supervision of the School Medical Staff.

All diagnosed cases were excluded from school until certified as cured.

15 patients were discharged from the Clinic and allowed to attend school during the year, leaving 13 still under treatment on the 31st December.

All arrangements for the treatment of Scabies and Ringworm were centred at the Cleansing Centre, School Clinic, No. 2 George Street.

DENTAL INSPECTION AND TREATMENT

By T. W. GREGORY, L.R.C.P.S., L.D.S.,
Senior School Dental Officer.

During the first four months of the year the vacancy caused by Mr. Brown's resignation remained unfilled, consequently children awaiting treatment had to be dealt with by one dental officer, and hence it was some time before the routine inspection of schools was recommenced. By May, however, Mr. Franklin had joined the staff and helped to cope with the large waiting list.

What effect the impact of the Health Act would have on the School Dental Service was a matter of conjecture. In point of fact, the acceptances and requests for treatment increased in the latter half of the year. Unless sufficient staff can be obtained to meet requirements, dental care of the children will be seriously neglected. This problem is widespread and must be faced. I should be failing in my duty if I did not place on record here my profound concern regarding the lack of satisfactory provision made for the dental care of the future citizens of the country at the present juncture.

During the year a survey was made of the incidence of dental caries in children aged five years. I examined 500 such children in this County Borough and found an average of just over 4 decayed teeth per child inspected. Only 20 per cent. showed freedom from decay at this age. It is interesting to note that these findings compare closely with those so far obtained in some other areas.

The number of children inspected during the year was 4,993. The total number found to require treatment was 2,865, and the number actually treated, 2,686. Attendances made by the children for treatment were 5,504. 33 half days were devoted to inspection and 764 to treatment.

3,340 teeth were filled, 375 of these being deciduous teeth. Conservation is time-consuming, but the increase in this form of treatment is, of course, a step in the right direction. 2,384 teeth were extracted, 535 of these being permanent teeth. 88 of the latter were removed for orthodontic purposes, and of the deciduous teeth 74 were removed for similar reasons. A general anæsthetic was administered on 1,490 occasions.

In addition 570 other operations were performed. 21 children were referred for X-ray examination.

It should be noted that 71 of the 764 half days devoted to treatment were sessions held for orthodontic work, at which 721 attendances were made and 106 children treated.

The figures relating to dental defects will be found in tabular form on pages 34 and 35. Details of the dental treatment provided for expectant or nursing mothers and pre-school children by the School Dental Service will be found in the Annual Report of the Medical Officer of Health.

EAR, NOSE, AND THROAT DEFECTS.

The coming into operation of the National Health Service Act has resulted in the Special Area Committee of the Regional Hospital Board and the East Cumberland Hospital Management Committee being responsible for the operative treatment which is still carried out in the City General Hospital in a similar manner to that obtaining before the appointed day. The Ear, Nose, and Throat Clinic is still held in George Street as before, the only difference being that the Specialist, instead of being paid by the City Council, is seconded by the Special Area Committee for this work. One disadvantage of this latter method of payment is that the Local Authority can no longer insist to the same extent as to which Specialist should conduct their clinic and operate on their children.

341 school children received operative treatment under the Authority's scheme for removal of tonsils and adenoids. This large increase over the figure for 1947 is accounted for by the fact that tonsils and adenoids operations were suspended for several months during 1947, owing to the outbreak of acute poliomyelitis.

In addition, 14 children were admitted to the City General Hospital for operative treatment for the following conditions:—

Mastoid	...	...	...	8
Aural Granulations	...	...	...	2
Nasal conditions	...	...	...	4

and 6 children received non-operative treatment for:—

Ear conditions	...	...	...	5
Nasal conditions	...	...	...	1

36 sessions were held at the School Clinic, at which 866 cases were inspected.

36 operation sessions were held at the City General Hospital, at which 355 operations were performed.

During the year 2 children were referred for X-ray examination.

One child was referred to Professor Ewing at Manchester for further examination on Mr. Venters' suggestion. The child was found to be deaf and arrangements have been made for her admission to a Special School for the Deaf.

VISION.

The introduction of the National Health Service on 5th July, 1948, brought changes in the arrangements for ophthalmic treatment of school children. Under the scheme provided by the Supplementary Ophthalmic Regulations, school children can now be referred direct to the Specialist or an Ophthalmic Optician by their own medical practitioner. The School Medical Officer has no record of the examinations carried out under this arrangement, nor of the glasses prescribed, and cannot therefore co-operate with the Head Teacher to ensure that the child receives the maximum benefit from any glasses or treatment. A considerable number of parents are having their children's eyes examined in this manner.

The services of an Ophthalmic Specialist have been negotiated with the Special Area Committee in the same manner as in the case of the Ear, Nose, and Throat Service.

Prior to the "Appointed Day" this Authority had a contract with a local firm for the supply of spectacles, and prescriptions were dispensed very promptly. Since the "Appointed Day," however, parents have been free to take their children to any optician. With the increased demands on all opticians many children have to wait for what may be considered quite unreasonable periods before receiving their spectacles. The Council

has been able to make a satisfactory arrangement with the Carlisle Executive Committee regarding the responsibility for the repair of school children's spectacles.

During the year Clinics held under the Authority's Scheme were somewhat interrupted owing to changes in Specialist staff. Routine clinics by the Assistant School Medical Officer ceased after the introduction of the National Health Service on the 5th July. All cases of defective vision requiring treatment are now referred to the Consultant Ophthalmic Surgeon.

At the end of the year the number of cases of school children suffering from defective vision awaiting examination and specialist treatment was 105.

The total number of cases examined for defective eyesight was 347 (164 boys and 183 girls). 166 were examined for the first time (70 boys and 96 girls), while the remaining 181 cases (94 boys and 87 girls) were re-examinations. Squint was present in 138 cases (65 boys and 73 girls).

Spectacles were found necessary and prescribed in 311 cases (145 boys and 166 girls).

58 sessions were devoted to the examination of eyes, at which 414 attendances were made, the average number attending each session being 7.

ORTHOPÆDIC SERVICE.

This Clinic has functioned since the "Appointed Day" exactly as it did before, with the exception that the Surgeon is paid by the Regional Hospital Board.

Orthopædic appliances were ordered in accordance with the procedure adopted for the National Health Service.

At the beginning of the year there were 215 cases on the Register, 53 new cases and 13 cases already on

the Register as pre-school children, and who reached school age during the year, were added. The names of 39 children were removed from the Register during the year on account of the following reasons:—

- 7 completed their treatment,
- 15 refused further treatment,
- 8 left school,
- 8 left City, and
- 1 died.

This leaves 242 cases still on the Register at the end of the year.

The following are the conditions for which the new and transferred cases are being treated:—

Posturals	...	...	...	...	4
Miscellaneous	...	...	...	...	62

and of 176 old cases still on the Register are classified as follows:—

Rickets	...	...	...	...	4
Osteomyelitis	...	...	...	...	3
Poliomyelitis	...	...	...	...	7
T.B. Joints	...	...	...	...	8
Posturals	...	...	...	...	29
Congenital Deformities	...	...	...	...	22
Perth's Disease	...	...	...	...	2
Erb's Palsy	...	...	...	...	5
Spastic	...	...	...	...	5
Flat Foot and Knock Knee	...	...	...	...	76
Miscellaneous	...	...	...	...	15

25 Clinic Sessions were held by the Orthopædic Surgeon and 403 examinations were made.

Treatment Clinics were held by the Orthopædic Nurse for massage, postural exercises, flat foot exercises and Ultra Violet Ray Therapy, at which 5,788 attendances were recorded.

<i>Clinic.</i>					<i>No. of Attendances</i>
Massage	...	...	...	...	1,532
Postural	...	...	...	...	912
Flat Foot	...	...	...	...	1,937
Ultra Violet Ray	...	...	...	...	1,407
Total					5,788

184 visits were paid to the homes of children during the year by the Orthopædic Nurse.

70 Orthopædic appliances were provided.

3 cases received institutional treatment at Oswestry, involving 60 weeks' in-patient maintenance, and 6 cases received treatment at the Ethel Hedley Orthopædic Hospital, Windermere, involving 108 weeks' in-patient maintenance.

TUBERCULOSIS.

Since the "Appointed Day" no change has taken place in the Clinic or Hospital arrangements for the treatment of Tuberculosis apart from the financial side. The City is, of course, no longer responsible for the entire salary of the Tuberculosis Officer.

18 children of school age were notified as suffering from tuberculosis, 7 by the Clinical Tuberculosis Officer, and 11 by medical practitioners.

Table D shows the distribution of the disease by sex and location, while Table E gives distribution by type and age.

TABLE D.

Localisation.			Males.	Females.	Total.
Pulmonary	..	...	1	4	5
Glands	{	Hilar	...	1	1
		Cervical	6	3	9
		Inguinal	...	1	1
Abdominal	...	..	...	1	1
Spine	...	...	...	1	1
Totals	...	...	7	11	18

TABLE E.

Ages	5—10	10—15	Total Notifica- tions.
Pulmonary—			
Males	1	...	1
Females	3	2	5
Non-pulmonary—			
Males	5	1	6
Females	4	2	6
Totals	13	5	18

These figures show a decrease over the figure for the previous year as regards the pulmonary, and an increase in the non-pulmonary forms of the disease.

The number of cases under review is not sufficient to justify any conclusions being made.

68 children of school age, viz., 34 boys and 34 girls, were referred as new cases to the Tuberculosis Officer; 3 of these were notified cases, 34 suspects, and 31 were contacts. Of the 3 notified cases, 1 suffered from Pulmonary Tuberculosis and 2 from Non-Pulmonary Tuberculosis. Of the others, 4 were found to be suffering from Pulmonary Tuberculosis and 7 from Non-Pulmonary Tuberculosis, 53 were free from evidence of the disease, while one was still under observation at the end of the year.

5 children who were still under observation at the end of 1947 were reviewed; 1 was found to be suffering from Pulmonary Tuberculosis, and 4 from Non-Pulmonary Tuberculosis.

The number of new cases among school children added to the Tuberculosis Dispensary Register was therefore 19, 6 Pulmonary and 13 Non-Pulmonary. The Pulmonary cases were 1 boy and 5 girls; the Non-Pulmonary cases were 7 boys and 6 girls.

The total number of attendances made by school children to the Dispensary during the year was 240.

Table F shows the number of children given institutional treatment.

TABLE F.

	City			
	Blencathra Sanatorium.	General Hospital.	Oswestry.	Total.
In Institution, 1st Jan.,	—	4	—	4
Admitted during year	—	6	—	6
Discharged during year	—	7	—	7
In Institution, 31st Dec.	—	3	—	3
Average stay (days) of patients discharged during year	—	91	—	—

SPEECH THERAPY.

On 16th September, 1947, I reported to you the desirability of having a Speech Therapist, and by Council Minute No. 1676 you approved the appointment of such a person. Repeated attempts were made by advertisement and by approach to the various training schools in England and Scotland to obtain the services

of a full-time Speech Therapist, but all were without success. Fortunately, we were able to secure the services of Mrs. G. Arkle, L.C.S.T., for three mornings a week. This amount of time could not, of course, allow of ideal treatment, or of the treatment of all children requiring the services of a Speech Therapist, but it did enable a survey to be made and the worst cases tackled.

Mrs. Arkle took up her duties on 2nd May, 1948, and in association with Dr. Lamberton undertook a survey of children suffering from speech defects in City schools. 250 children were found to have speech defects and all were considered suitable for Therapy. Owing to the limited number of children who can be dealt with at one time in a Speech Therapy Class, it was necessary to select the most urgent and suitable cases for the first classes and the remainder were put on a Waiting List.

The number of children admitted to the Speech Classes in June, 1948, was 69, of whom 40 were stammerers, aged from 9—14, 24 were lispers, and 5 special cases (cleft palates, post-diphtheritic paralysis, etc.).

Periodically, requests for reports on progress from the Head Teachers were made, and using these valuable aids, 13 children have been discharged as cured (6 stammerers and 7 other defects). In addition, 18 children have left the classes for various reasons, e.g., leaving school, or the district, etc. In their places 21 others have, so far, been admitted.

Fifteen new names of children have been given to the Speech Therapist by the Medical Staff since the survey was made, and the waiting list at 31st December was 175.

The number on the register receiving weekly instruction is 59, which is a good number for one Speech Therapist to deal with in three sessions.

CHILD GUIDANCE.

On 16th September, 1947, I drew your attention to the need for the appointment of an Educational Psychologist, and for the establishment of a Child Guidance Centre, and by Council Minute No. 1676, it was resolved that an Educational Psychologist be engaged. Miss L. M. Mitchell, M.A., LL.B., Ed.B., was appointed

and took up her duties in Carlisle on 11th October, 1948. At the same time, by arrangement with the Special Area Committee, we received the services of Dr. Joseph Braithwaite, Medical Superintendent of Garlands Mental Hospital, and his Psychiatric Social Worker, Miss M. Lamb, on a part-time basis.

The old Dental Surgery at the George Street School Clinic has been adapted as a play therapy room, while one of the other rooms has been used by the Educational Psychologist as a consulting and interviewing room.

The Educational Psychologist has devoted her mornings to the duties of group testing children under the Director of Education's control, while her afternoons have been occupied by special examinations of individual children suffering from educational retardation, maladjustment, etc.

The Child Guidance Clinic was held on Friday afternoons when Dr. J. Braithwaite, your Educational Psychologist, and the Psychiatric Social Worker were in attendance.

HANDICAPPED CHILDREN.

Apart from the Open-Air School there are no Special schools or classes for handicapped children locally.

Two children attend certified schools for the Blind and 8 children attend certified schools for the Deaf and Dumb. Two blind and educationally sub-normal children were still awaiting vacancies in special schools for Blind and Mentally Defective Children.

One partially blind child was in attendance at the H. K. Campbell Open-Air School, and 3 attended the Primary Schools.

There is, unfortunately, no Special School in Carlisle, nor Special Classes, for educationally sub-normal children. This lack of provision has in the past resulted in only the severer cases of retardation being brought to the notice of your School Medical Officer, and even for those children examined and certified in need of education in Special Schools, vacancies cannot be found.

The result is that the sub-normal children remain in the ordinary schools, add to the work of the teachers, hold back the normal pupils and themselves become frustrated and delinquent.

It is essential that early provision be made for these children, not only for their own benefit, but for that of the other children.

82 educationally sub-normal children attend the Primary Schools and 5 attend the H. K. Campbell Open-Air School.

There are 8 children in the town who are deprived of education because of severe crippling physical defects. Another physically handicapped child was placed in the W. J. Sanderson Orthopædic Hospital School, Newcastle, during the year.

There are 6 children suffering from Epilepsy; 5 attend the ordinary school and one is at the H. K. Campbell Open-Air School.

16 children were unable to attend school because of mental deficiency of such a grade as to be unable to profit by education in any establishment under the Education Authority.

Of these, 8 children were in Institutions for mental defectives, namely:—

Dovenby Hall	...	...	...	5
Royal Albert Institution, Lancaster	...	...	...	1
Milnthorpe	...	...	...	2

The remaining 8 children are under supervision as follows:—

(a) Under Guardianship Order to their parents	...	...	...	—
(b) Under Statutory Supervision	...	...	...	1
(c) Under Voluntary Supervision	...	...	...	2
(d) Awaiting vacancy in Institution	...	...	...	5

The Cumberland, Westmorland, and Carlisle Voluntary Mental Welfare Association, which body acts as agents for this Local Health Authority as regards mental welfare, are responsible for the welfare work and visiting of children under Guardianship and Supervision.

OPEN-AIR SCHOOL FOR DELICATE CHILDREN.

At the beginning of the year 97 children were in attendance and 49 were admitted during the year, giving a total of 146 children dealt with. 53 children were discharged during the year, leaving 93 still in attendance at the close of the year. The average length of stay of the pupils who were discharged during the year was 18 months.

The average gain in weight of children in attendance during the year was 6.5lbs., and the greatest gain in weight was 18lbs.

The following types of cases were dealt with:—

Tubercular—

Pulmonary (non-infectious)	...	15
Non-Pulmonary	...	17
Pretubercular	...	5
Bronchitis and Asthma	...	35
Malnutrition	...	8
Anæmia and Debility	...	46
Chorea	...	1
Heart Disease	...	12
Orthopædic Defects	...	4
Epilepsy	...	2
Myopia and Partial Blindness	...	1
		<hr/> 146 <hr/>

During the summer vacation 13 scholars had a holiday provided by the Council of Social Service at the Silloth Convalescent Home.

PROVISION OF MILK AND MEALS IN SCHOOLS.

MILK.

The average number of children on one day availing themselves of the scheme has been 6,912, as compared with 6,994 last year. The table given below shows the numbers taking milk on an average day in each of the three school terms:—

January to April	...	6,993
May to August	...	6,934
September to December	...	6,810

Milk is available during week-ends and holidays, but the response is still very poor and the demand has considerably decreased.

The percentage of children having milk on one set day during the year was 80.8.

MEALS.

The Table given below shows the number of children taking meals (free and paid) on any one day during each of the three school terms:—

	<i>Free.</i>	<i>Paid.</i>
January to April	367	2,165
May to August	395	1,990
September to December ...	368	2,211

The percentage of children having meals on one set day during the year was 30.6.

CO-OPERATION OF VOLUNTARY BODIES.

CARLISLE COUNCIL OF SOCIAL SERVICE.

Under the auspices of the Carlisle Council of Social Service 13 children from the H. K. Campbell Open-Air School were afforded a holiday at the Silloth Convalescent Home during the year.

In some instances financial assistance was given.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

During the year I had no occasion to refer the case of a school child to the Local Officer of the National Society for the Prevention of Cruelty to Children.

CHILDREN'S SUNSHINE HOME, ALLONBY.

This Home, which was open eight months in the year, provided 44 children with a fortnight's holiday, and acknowledgments are tendered to the members of the Carlisle Rotary Club for the conveyance of the children to and from Allonby.

The City Council contributes £300 per annum to the funds of this Home.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

48 boys and 1 girl were referred for certification of fitness for employment under the Bye-laws in respect of employment of children and street trading, and all were found to be fit for employment.

EXAMINATION OF TEACHERS.

53 candidates for appointment as Teachers by the Local Education Authority were examined, all of whom were found to be medically fit.

118 candidates were also medically examined under the Ministry of Education's Emergency Scheme for the Training of Teachers, as against 163 in the previous year.

FOLLOWING UP.

1,275 home visits were made by the School Nurses during the year.

DEATHS OCCURRING IN SCHOOL CHILDREN.

10 school children died during the year from the undermentioned causes:—

Heart and Rheumatic Conditions	...	5
Diphtheria (in non-immunised child)	...	1
Polio-Encephalitis	... ..	1
Epilepsy	... ..	1
Bronchiectasis	... ..	1
Road Traffic Accident	... ..	1
		<hr/>
		10
		<hr/>

**MINISTRY OF EDUCATION.
MEDICAL INSPECTION RETURNS.**

TABLE I

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY
SCHOOLS.**

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	998
Second Age Group	...	...	...	883
Third Age Group	...	...	...	831

Total ... 2712

Number of other Periodic Inspections ... 993

Grand Total ... 3705

B.—OTHER INSPECTIONS.

Number of Special Inspections ... 3994

Number of Re-Inspections ... 6101

Total ... 10095

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants ...	2	91	91
Second Age Group ...	30	42	68
Third Age Group	44	52	90
Total (prescribed groups)	76	185	249
Other Periodic Inspections	32	81	105
Grand Total ...	108	266	354

TABLE II.
A.—RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	46	60	427	—
5	Eyes— <i>a.</i> Vision ...	105	467	197	101
	<i>b.</i> Squint ..	25	5	30	3
	<i>c.</i> Other ...	15	28	185	2
6	Ears— <i>a.</i> Hearing	4	8	5	1
	<i>b.</i> Otitis Media	9	10	89	16
	<i>c.</i> Other .	24	5	90	27
7	Nose or Throat ...	119	300	355	121
8	Speech	2	33	256	4
9	Cervical Glands ...	24	142	12	105
10	Heart and Circulation	—	102	3	6
11	Lungs	6	121	55	9
12	Developmental—				
	<i>a.</i> Hernia ...	—	6	—	—
	<i>b.</i> Other ...	1	33	2	—
13	Orthopaedic—				
	<i>a.</i> Posture ...	1	23	2	1
	<i>b.</i> Flat foot	15	18	20	—
	<i>c.</i> Other ...	10	70	36	10
14	Nervous System—				
	<i>a.</i> Epilepsy	—	1	2	3
	<i>b.</i> Other ...	—	15	7	3
15	Psychological—				
	<i>a.</i> Development	7	14	39	3
	<i>b.</i> Stability ...	—	10	10	—
16	Other	12	84	1164	4

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	998	574	57.5	409	41.0	15	1.5
Second Age Group ...	883	429	48.6	423	47.9	31	3.5
Third Age Group ...	831	478	57.5	341	41.0	12	1.5
Other Periodic Inspections	99	548	55.2	428	43.1	17	
Total	3705	2029	54.8	1601	48.2	75	2.0

TABLE III.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS.

(excluding Uncleanliness for which see Table V).

(a)	Number of Defects treated, or under treatment during the year.
SKIN—	
Ringworm—Scalp—	
(i) X-Ray treatment. If none, indicate by dash	11
(ii) Other treatment	17
Ringworm—Body	90
Scabies	55
Impetigo	176
Other skin diseases	167
Eye Disease	205
(External and other, but excluding errors of refraction, squint, and cases admitted to hospital)	
Ear Defects	242
(Treatment for serious diseases of the ear (e.g., operative treatment in hospital) should not be recorded here, but in the body of the School Medical Officer's Annual Report)	
Miscellaneous	1208
(e.g., minor injuries, bruises, sores, chilblains, etc.)	
Total ...	2171

(b) Total number of attendances at Authority's
 minor ailments clinics 14866

GROUP II.—DEFECTIVE VISION AND SQUINT
(excluding Eye Disease treated as Minor Ailments—
Group I).

	Number of Defects dealt with.
Errors of Refraction (including squint) ...	347
Other defect or disease of the eyes (excluding those recorded in Group I) ...	8
Total ...	355

No. of Pupils for whom spectacles were:—

(a) Prescribed ...	274
(b) Obtained ...	254

GROUP III.—TREATMENT OF DEFECTS OF
NOSE AND THROAT.

	Total number treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis ...	341
(b) for other nose and throat conditions ...	4
Received other forms of treatment ...	1
Total ...	346

GROUP IV.—

ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools ...	13
(b) No. treated otherwise, e.g., in clinics or out- patient departments ...	266

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of Pupils treated—

(a) under Child Guidance arrangements ...	34
(b) under Speech Therapy arrangements ...	90

TABLE IV. DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's
Dental Officers—

(a) Periodic age groups	3791
(b) Specials	1202
(c) TOTAL (Periodic and Specials) ...	4993

(2) Number found to require treatment ... 2865

(3) Number actually treated 2686

(4) Attendances made by pupils for treatment 5504

(5) Half-days devoted to—

(a) Inspection	33
(b) Treatment	764
Total (a) and (b) ...	797

(6) Fillings—

Permanent Teeth	2965
Temporary Teeth	375
Total ...	3340

(7) Extractions—

Permanent Teeth	535
Temporary Teeth	1849
Total ...	2384

(8) Administration of general anæsthetics for
extraction 1490

(9) Other Operations—

(a) Permanent Teeth	570
(b) Temporary Teeth	—
Total (a) and (b) ...	570

Dr. Gregory suggests that the addition of the following footnote would be helpful to the Dental Officers of the Ministry of Education:—

71 of the 764 half days devoted to treatment were sessions held for orthodontic work, at which 721 attendances were made and 106 children were treated.

TABLE V.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	22621
(ii) Total number of <i>individual</i> pupils found to be infested	725
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	Nil.
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	Nil.

